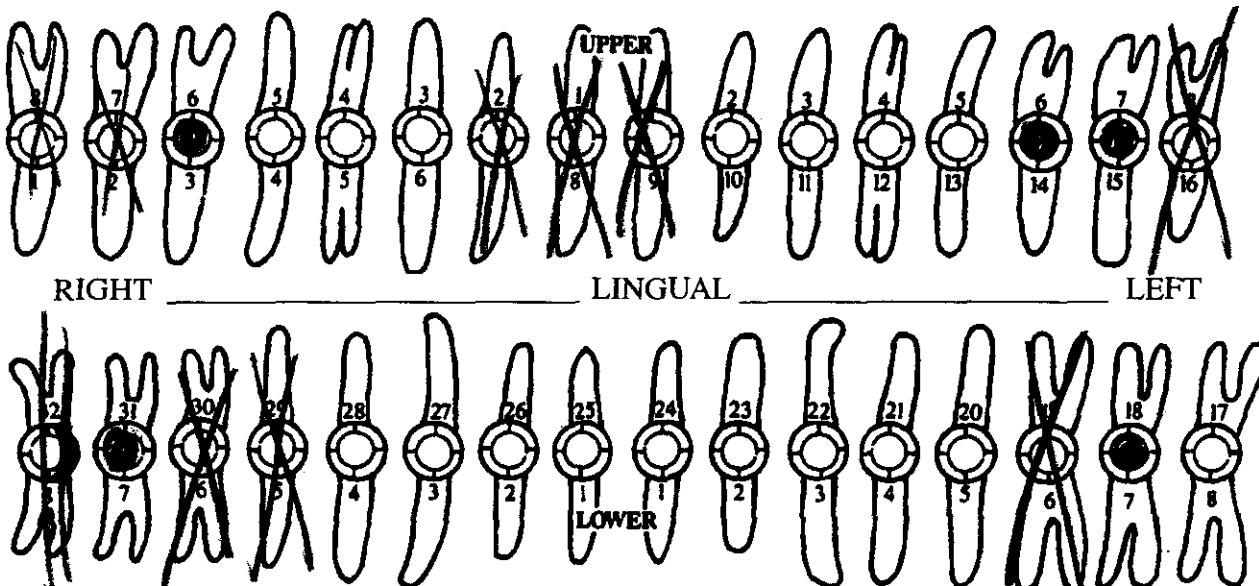


## DENTAL INMATE REGISTRATION AND HISTORY CARD

- |   | NO                                  | YES                      |
|---|-------------------------------------|--------------------------|
| 1. Have you ever had severe bleeding or other complication following extraction of teeth? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Has a physician ever said you had heart trouble?                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you allergic or sensitive to any drugs or penicillin?                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had high or low blood pressure?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever had fainting spells?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever had diabetes or sugar in your urine?                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had rheumatic fever?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever had "Yellow Jaundice" or Hepatitis?                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you been under care of a physician recently?                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you take any medicine daily?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Do your gums bleed when you brush your teeth?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you have Tuberculosis (T.B.)?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had Tuberculosis (T.B.)?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Are you HIV or AIDS positive?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Are you a member of a high risk group:  |                                     |                          |
| (A) Present or past user of I.V. drugs  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (B) Hemophiliac   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (C) Received Blood Transfusions   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



| DATE |     |     | DESCRIPTION OF WORK   |
|------|-----|-----|---|
| MO.  | DAY | YR. |   |
| 8    | 3   | 05  | SCRN LDV= 100% OCS All teeth +20% <i>[Signature]</i>  |
| 8    | 3   | 05  | X-ray revealed extensive advanced periodontal disease, #20-#27 bone loss.   |
| 9    | 14  | 05  | (Sc) Pt. presents w/ advanced gum disease. Pt doesn't want to lose teeth yet. Scheduled for ext. #18 and told him I could try to clean them to see if he can maintain them for a few more years. N/C N.V. ext. #18 U.N.V. cav. <i>[Signature]</i> |
| 9    | 19  | 05  | Med.Hx. reviewed. 3 carb. 2% lidocaine w/ 1:100,000 epi.  |

7702 Rev 04/04

Name Mal, James S MDOC NO. \_\_\_\_\_ UNIT NO. \_\_\_\_\_ DOB 8-8-10 AGE 25 RACE W SEX G

10/16/2002 14:28 30242977

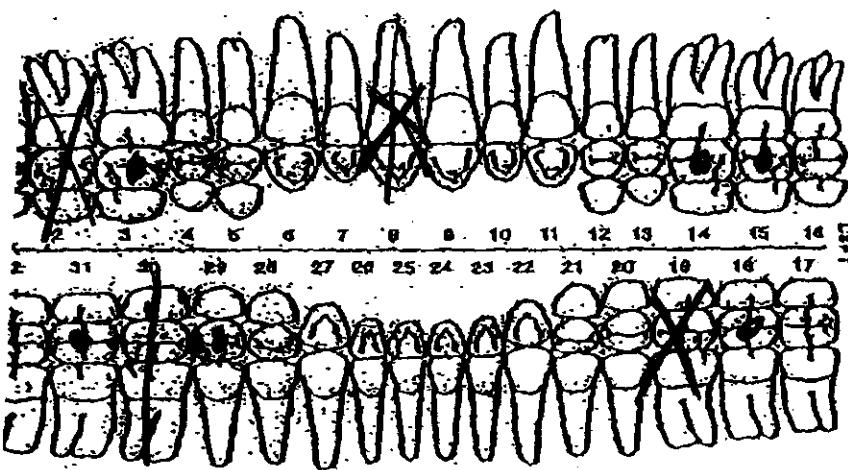
GANDER HILL 109

PAGE 82/84



## DENTAL CLINIC EXAM FORM/TREATMENT PLAN

|   |                           |                          |                  |                              |
|---|---------------------------|--------------------------|------------------|------------------------------|
| First Name (Last, First, MI):<br><u>Hall, James</u> | Inmate #<br><u>167581</u> | Race:<br><u>Afro-Am.</u> | Sex:<br><u>M</u> | Birth Date:<br><u>8-8-70</u> |
|---|---------------------------|--------------------------|------------------|------------------------------|



| Comments and Observations:   |                              |
|------------------------------|------------------------------|
| <b>Paragraph:</b>            |                              |
| <input type="checkbox"/> P/  | <input type="checkbox"/> P/E |
| <input type="checkbox"/> P/L | <input type="checkbox"/> P/R |
| Dentist: <u>Alfred Brown</u> |                              |
| Date: 8-29-03                | Joe                          |

Remarks: Heavy stains on all teeth

M H 23

**DELAWARE DEPARTMENT OF CORRECTIONS**  
**REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES**  
**FACILITY: DELAWARE CORRECTIONAL CENTER**  
This request is for (circle one): MEDICAL **DENTAL** MENTAL HEALTH

*James Hall*

Name (Print)

08-08-1920

Date of Birth

*MHO 23 B-L 10*

Housing Location

167581

SBI Number

4-31-04

Date Submitted

Complaint (What type of problem are you having)? *Painfully i've Suffered A Sick Call Requesting Extraction of The Tooth Bottom Right That I Played For But was Boiled Out before The procedure was completed Played for on 9/4/03 The Tooth need To be Removed A.S.A.P*

*James Hall*

Inmate Signature

*4-31-04*

Date

**The below area is for medical use only. Please do not write any further.**

S:

O:

Temp: \_\_\_\_\_

Pulse: \_\_\_\_\_

Resp: \_\_\_\_\_

B/P: \_\_\_\_\_

WT: \_\_\_\_\_

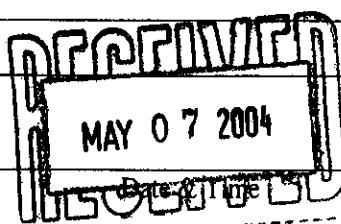
A:

P:

*Sell**5/28/04*

E:

Provider Signature &amp; Title



**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL  DENTAL  MENTAL HEALTH

*JK 30*  
James Hall  
 Name (Print)  
08-08-1970  
 Date of Birth

*Bldg 23 MHU*  
 Housing Location  
00167581  
 SBI Number  
3-25-04  
 Date Submitted

Complaint (What type of problem are you having)? This is in regards To my Extraction  
 B) Right From The Transation on 9-4-03 I was billed For a  
 X-Ray and an Extraction I was bailed out And didn't Recive The Extraction  
 That I previously Paid For And Same tooth Remains I wish it to be Removed

*James Hall*  
 Inmate Signature

*3-25-04*  
 Date

**The below area is for medical use only. Please do not write any further.**

S: 5/28/04: Pt. needs ext. Put on list.  
*(No chart today)* Kianke

O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

A: 6/7/04:

P:

E:

*seen in  
dental*

*5/28/04*

Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

MED

263

No ch<sup>9</sup>

# **INTERDISCIPLINARY PROGRESS NOTES**

NAME—Last

First  
James

Middle

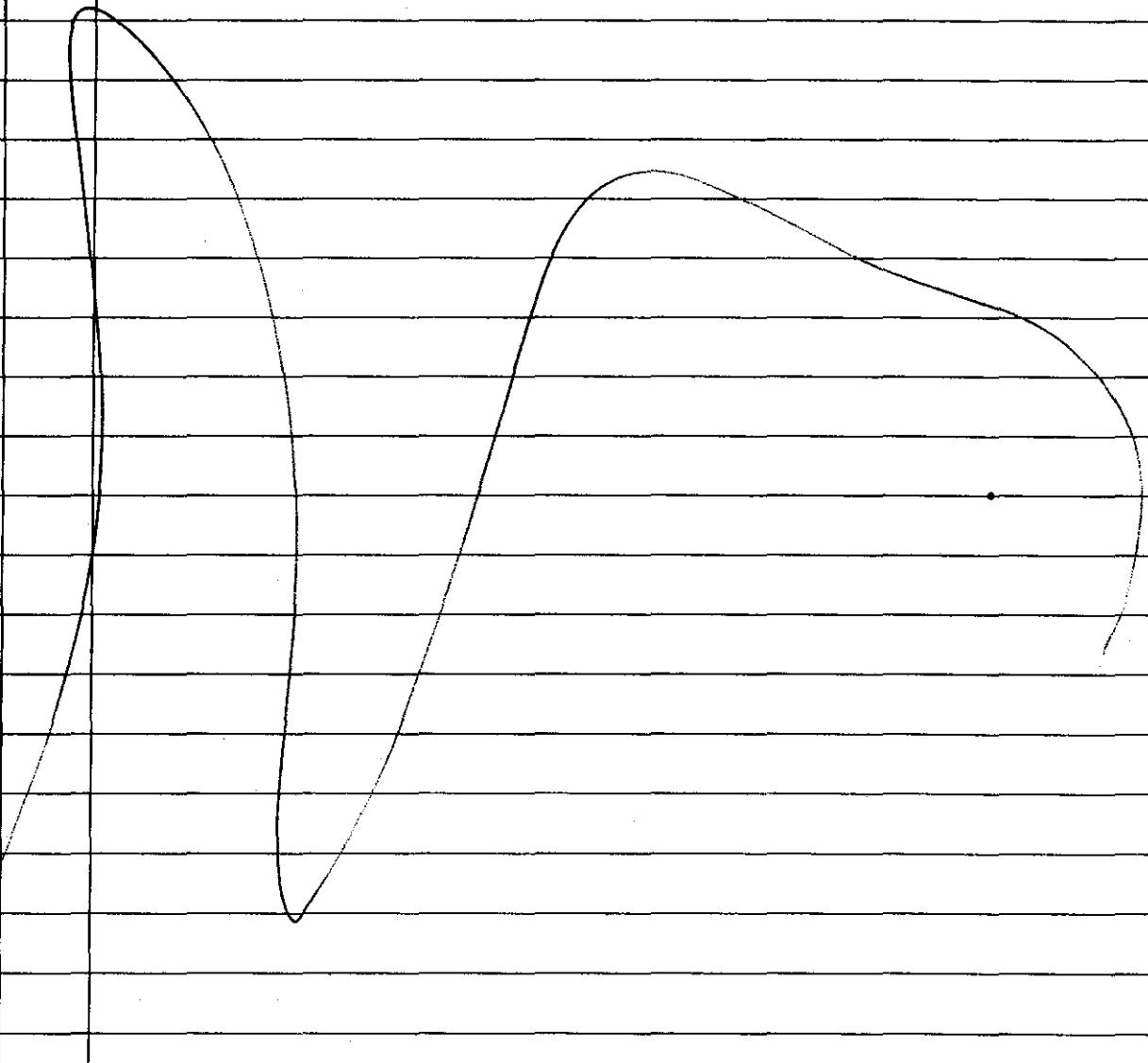
**| Attending Physician**

Record No.

Room/Bed

167581

## **INTERDISCIPLINARY PROGRESS NOTES**

| DATE    | TIME     | DISCIPLINE | NOTES SHOULD BE SIGNED WITH NAME AND TITLE  |
|---------|----------|------------|---|
| 9/28/04 | 12:30 PM | S          | <p>My tooth hurts.</p> <p>D - Silver right tooth is cavity noted. A - All in comfort. P - Dr. Kronke notified &amp; orders rec'd.<br/> <u>bholwerde</u></p>  |

NAME \_\_\_\_\_

First

Middle

**Attending Physician**

Record No.

**Room/Bed**

# **INTERDISCIPLINARY PROGRESS NOTES**

DATE : TIME DISCIPLINE

NOTES SHOULD BE SIGNED WITH NAME AND TITLE

7/29/04 DC The Wrong Jim Hall Came  
up to dental appointment, James  
Hall SBI# 167581 never came up  
to dental. Jim James Hall will be  
resch. for TOT & sickcall.  
Groebel

A hand-drawn graph on grid paper showing two intersecting curves. One curve is a downward-opening parabola with its vertex at approximately (10, -10). The other curve is a bell-shaped curve (Gaussian) with its peak at approximately (5, 10). They intersect at three points.

**NAME-Last**

vi First

Middle

**Attending Physician**

Record No.

**Room/Bed**

23

# **INTERDISCIPLINARY PROGRESS NOTES**

NAME-Last

First

Middle

**Attending Physician**

**Record No.**

**Room/Bed**

2241-2242

## **INTERDISCIPLINARY PROGRESS NOTES**

**PROGRESS NOTES**

**PHYSICIAN'S ORDER SHEET**

START

6/7/04

Ibuprofen 200mg x 8 tabs → given  
 (3-4 tabs po q6h prn pain) CK  
 6/7/04

 NAME Hall, James  
 ALLERGIES \_\_\_\_\_  
 ID 167581 DOB \_\_\_\_\_
**START NEW ORDERS BELOW**

START

10/11/04

Ibuprofen 200mg x 8 tabs → given  
 (2-3 tabs po q4-6h prn pain) CK  
 10/11/04

**START NEW ORDERS BELOW**

START

PROVIDER SIGNATURE

DATER/TIME

**PHYSICIAN'S ORDERS**